

Billing and Policy Inpatient Services Bulletin 351

January 2004

Contents

Transplant Services.....1

San Diego Medi-Cal
Field Office Address and
Telephone Changes.....2

Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.

Transplant Services: Billing Update and New Claim Example Section

In order to avoid confusion and improve accurate payment, effective February 1, 2004, transplant recipient and donor services always must be billed on separate claims. If there are multiple donors, separate claims are required for each donor. This is not a change to transplant policy but is a change to billing practices. In addition, documentation requirements for transplant claims are updated as shown in the following chart.

Claim Field	Enter for Transplant Recipient	Enter for Transplant Donor
Patient Name (Box 12 on UB-92)	Recipient's name	Donor's name
Birthdate (Box 14 on UB-92)	Recipient's birthdate	Recipient's birthdate
Sex (Box 15 on UB-92)	Recipient's sex	Recipient's sex
Medi-Cal Identification Number (Box 60 on UB-92)	Recipient's ID number	Recipient's ID number
Patient's Relationship to Insured field (Box 59) UB-92 Only		11 (this is a code describing that the claim is for the donor)
Documentation (Box 84 on UB-92)	Transplant recipient	(Name of) transplant donor for (name of transplant recipient). Number of donors (for example, 1 of 1 or 1 of 2)

It may be helpful to enter patient information in the *Patient Control Number* field (Box 3) to identify the recipient or donor, especially when there are multiple donors. This field is not required by Medi-Cal but is intended for provider identification of the claim, and will appear on the *Remittance Advice Details* (RAD).

Billing examples illustrating a lung transplant with lungs harvested from two donors are included in the new *Transplants: Billing Examples for Inpatient Services* section, included with this bulletin. Please refer to manual replacement pages *transplant 5 and 7 (Part 2)* and manual pages *transplant ex ip 1 thru 10 (Part 2)*.

San Diego Medi-Cal Field Office Address and Telephone Changes

Effective October 31, 2003, the address and telephone numbers for the San Diego Medi-Cal Field Office (SDMFO) changed as follows. All SDMFO *Treatment Authorization Requests* (TARs) should now be submitted to the new address.

San Diego Medi-Cal Field Office
9555 Chesapeake Drive, Suite 203
San Diego, CA 92123-6394
(619) 688-4204
Toll-free fax: 1-888-899-2505

The post office box remains the same:

P.O. Box 85344
San Diego, CA 92186-5344

This information is reflected on provider manual replacement page tar field 8 (Part 2).

Instructions for Manual Replacement Pages

Inpatient Services (IP) Bulletin 351

January 2004

Part 2

Remove and replace: Contents iii/iv *
 hcpcs iii 3/4 *
 oth hlth 7/8 *
 tar field 7/8
 transplant 5 thru 8

Insert after the
Transplant section: transplant ex ip 1 thru 10 (*new*)

* Pages updated/corrected due to ongoing provider manual revisions.